



**Customer Authorization to Release
City of Palo Alto Utilities (CPAU) Billing Information to a Third-Party**

SECTION A – This section is to be completed by the CPAU customer holding the Utilities account in their name. Please print.

Customer Name: <i>(from the CPAU Bill)</i>		To Rescind Third-Party Release Authorizations: Initial Here, and complete Section A:			
E-Mail Address:		Phone Number:			
INFORMATION TO BE RELEASED – Usage records for the following facilities may be released to the Third-Party listed in Section B of this form. Additional requests by the same customer may be listed on a separate attachment, provided the attachment indicates that it is an addendum to this authorization. Data will be provided for multiple meters at a single premise provided they are on the above noted customer's CPAU account(s). A multi-family or multi-tenant premise may require individual releases from individual tenants. CPAU billing information availability may be limited.					
Premise Address: <i>(address at the meter location, not the billing or company address)</i>	Account Number <i>(from the CPAU Bill)</i>	Electric Billing Data <i>(check)</i>	Natural Gas Billing Data <i>(check)</i>	Water Billing Data <i>(check)</i>	Other Billing Data <i>(write-in)</i>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Customer acknowledges that the customer's name, credit history, utility usage data, home address, and telephone number are generally protected from disclosure pursuant to California Government Code Section 6254.16. By signing this authorization, the undersigned utility customer requests and authorizes the City of Palo Alto Utilities (CPAU) to release the information listed above to the party named in Section B of this form. The utility customer also hereby releases CPAU from any and all liability arising from or connected with providing this information to a Third-Party. This authorization to release customer data expires one year from the date of the customer signature below.					
Authorized Customer Signature:					
Title of Person Signing:		Effective Date:			

SECTION B – This section is to be completed by the Third-Party agency or organization that is to receive the information. Please print.

Name:		Phone Number:			
Representing:		E-Mail Address:			
Street Address, City, State, Zip:					
SECURITY STATEMENT: The Third-party agency or organization shall maintain reasonable and appropriate security procedures to protect the supplied CPAU customer information, and shall inform the CPAU Customer Service Manager at (650) 329-2621 immediately upon learning that there has been a breach in the security of the Third-party data system or in the security of the customer information. Information Requested – Please fill in the blanks as appropriate. Note - Contact CPAU to determine the availability of interval data.					
Months of Historical Data: <i>(CPAU billing information availability may be limited)</i>			Months of Future Data: <i>(12 month maximum from Effective Date)</i>		
Signature of the Third-Party Representative to whom this information is to be released:		Date:			

Individuals with disabilities who require accommodations to access City facilities, services or programs, or who would like information about the City's compliance with the Americans with Disabilities Act (ADA) of 1990, may contact the City's ADA Coordinator at (650) 329-2550 (voice) or e-mail ada@cityofpaloalto.org